

Civil Action No. 1:21-cv-7863

**PROOF OF SERVICE****(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))**

This summons for (name of individual and title, if any) David Chokshi, Health Commissioner of the City of New York was received by me on (date) 10/05/2021.

I personally served the summons on the individual at (place) \_\_\_\_\_ on (date) \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_, a person of suitable age and discretion who resides there, on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

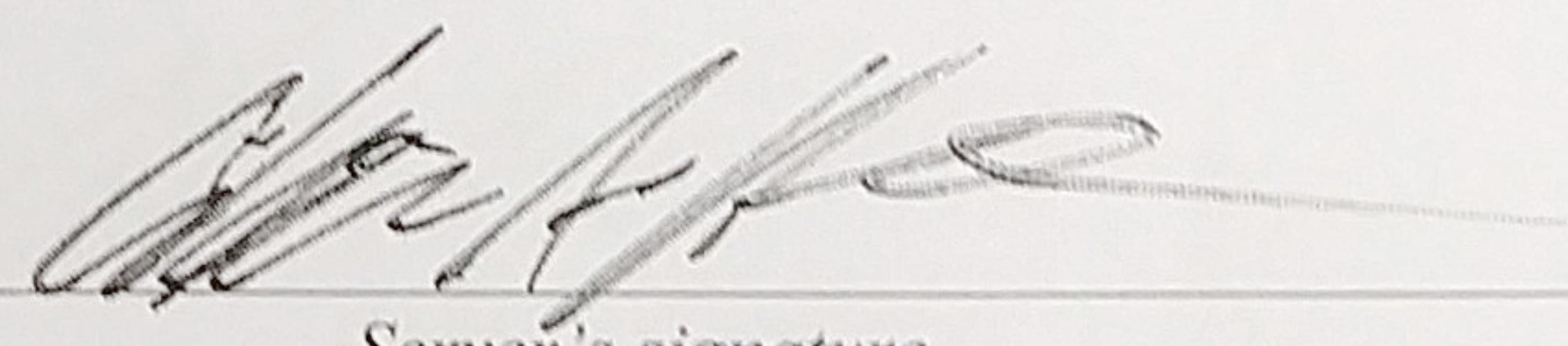
I served the summons on (name of individual) \_\_\_\_\_, who is designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_ on (date) \_\_\_\_\_; or

I returned the summons unexecuted because \_\_\_\_\_; or

Other (specify): Service was by email to: OGC@health.nyc.gov due to temporary COVID rules, per: <https://www1.nyc.gov/site/doh/about/contact-doh.page>

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/06/2021


Server's signature

William A. Huston

Printed name and title

William Huston

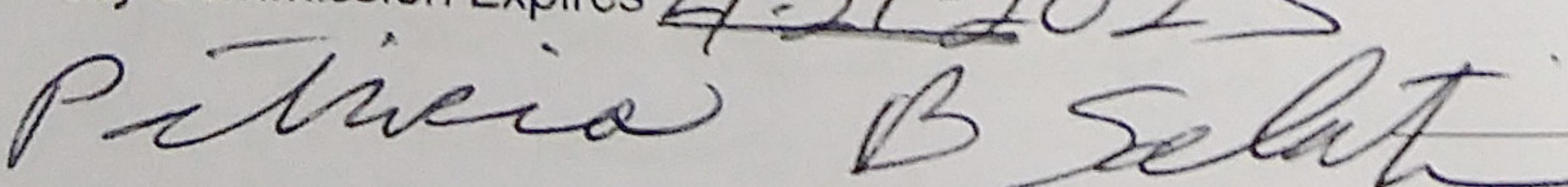
PO Box 22,

Endicott, New York, 13761

Server's address

PATRICIA B. SALATI  
Notary Public - State of New York  
No. 01SA5076273

Residing in Broome County  
My Commission Expires 4-21-2023



Additional information regarding attempted service, etc: